Effective October 1, 2003  ### DETERMINATION TO BE DETERMINATION T												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TOTAL CLAIMS			17					RATE	FEE	] [	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/7 minus 20=		. (	U		X\$ 9=		OR	X\$18=	^
INDEPENDENT CLAIMS			2 minus 3 =		· Ø			X43=		OR	X86=	$\leftarrow$
MULTIPLE DEPENDENT CLAIM PRESENT											.000	<del>)</del>
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	· · ·	OR	+290=	270
- 11			TOTAL	L	OR	TOTAL						
	CI		SMALL	ENTITY	OR	OTHER SMALL E						
MTA	9/18/6	(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		(Colum HIGH NUM PREVIO PAID	IEST BER DUSLY	(Column 3) PRESENT EXTRA		RATE '	ADDI- TIONAL FEE		PATE	ADDI? TIONAL FEE
AMENDMENT	Total	• 17	Minus	· 20	<u>. ල</u>	• (C)		X\$ 9=		OR	X\$18=	
MEN	Independent	• 8	Minus	900	3.	• 6		X43=		OR	X86 <u></u> ≤	
X	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	r CLAIM		j	+145=		OR	+290=_	
											YOTAL	A.
			•	•		:		ADDIT. FEE		JOR∕	ADDIT. PEE	
MT B		(Column 1) CLAIMS	<del>,</del>	(Colu		(Column 3)	1		ADDI-	1		ADDI-
	alido	REMAINING AFTER		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT B	Total	• /3	Minus		20	-9	1	X\$ 9=		OR	X\$18-	/
N N	independent	. 2	Minus	***	3	4	1	X43=		OR	X86=	·
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]			1	200=	
		·						+145=		OR	TOTAL	<del>V</del>
	•	••		•				ADDIT. FEE		OR	ADDIT. FEE	
	_	(Column 1) CLAIMS	1		mn 2) HEST	(Column 3)	4			1.	·	ADDI-
<b>AMENDMENT C</b>		REMAINING AFTER AMENDMENT		NUN PREVI	IBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE:	TIONAL FEE
	Total	•	Minus	**				X\$ 9=		OR	X\$18=	
	tndependent	•	Minus	•••		3	].	X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			1	.200	
	مادي ها بيون ال	me t is less than "	ha antas la col	ama o well	le "11" in	Auron 3.		+145=		OR	+290=	<b> </b>
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OF ADDIT. FEE											
-	of the Talisheet Mr.	mber Previously Pa mber Previously Pa	eld For IN TH	IR SPACE	is less the	w 3. enter "3."						

Application or Docket Number